CITY OF SELAH
698-7365 or 698-7369
PERMIT APPLICATION FORM

FOR ALL ROOFING PROJECTS

Application to be filled out in full for proper consideration

Job Address: _____ **Parcel No:**_____

Owner: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Mailing address: _____ City _____ State _____ Zip _____

Contractor: _____ Phone No: _____

St. License No: _____ Exp Date: ____/____/____

Address: _____ City _____ State _____ Zip _____

Description of work: _____

_____

_____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The grant of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

_____ ___/___/___ _____ ___/___/___

Signature of Contractor Date Signature of Owner (if builder) Date

Print Name _____ Application accepted by: _____